CLAIM FOR REIMBURSEMENT FOR EXPENDITURES				1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE			OR OFFICE	2. VOUCHER NUMBER			
	ON	OFF	ICIAL BUSINESS					3. SCHEDULE NU	JMBEK		
			Read the Privacy Act St	atement o	on the back of this fo	rm.		5. PAID BY			
PN 4	a. NAME (Last, first, middle initial)					b. SOCIAL SECURITY	NO.				
4. CLAIMANT	c. MAILING	ADDRES	SS (Include ZIP Code)			d. OFFICE TELEPHON	E NUMBER				
6. E	XPENDIT	URES	(If fare claimed in col. (g) exceeds	charge f	or one person, show	in col. (h) the number of	additional pe	ersons which acc	companied the	claiman	t.)
DATE Show appropriate code in col. (b):					MILEAGE		AMOUNT CLAIMED				
_		б	A - Local travelB - Telephone or telegraph, orC - Other Expenses (itemized)				кате ф	MILEAGE	FARE	ADD PER-	TIPS AND MISCEL-
			(Explain ex	penditur	es in specific detail.)		NO. OF MILES	27.102	OR TOLL	SONS	LANEOUS
	(a)	(b)	(c) FROM			(d) TO	(e)	(f)	(g)	(h)	(i)
If additional space is required continue on the back.				SUBTOTALS CARRIE BACK	D FORWARD FROM THE						
			ED (Total of cols. (f), (g) and (i).)	> \$		TOTALS					
8. This claim is approved. Long distance telephone calls necessary in the interest of the Government. (Note: I included, the approving official must have been autho of the department or agency to so certify (31 U.S.C. 66). Sign Original Only			f long distance calls are rized, in writing, by the head		10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. Sign Original Only CHECK CASH DATE						
				DATE		CLAIMANT					
APPROVING OFFICIAL						a. PAYEE (Signature)			b. DATE RECEIVED		
9. This claim is certified correct and proper for payment. Sign Original Only.									c. AMOU	INT	
AUTHORIZE D CERTIFYING OFFICER				DATE		12. PAYMENT MADE BY CHECK NO.					

ACCOUNTING CLASSIFICATION

6. EXPENDITURES - Continued

DATE	С	Show appropriate code in col. (b):		MILEAGE RATE	AMOUNT CLAIMED					
19		Show appropriate code in col. (b): A - Local travel B - Telephone or telegraph, or C - Other Expenses (itemized)				EADE	ADD TIPS	TIPS AND		
		(Explain expenditures in specific detail.)		NO. OF MILES	MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS		
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)		
_										
		Total each column	and enter on the front subtotal line							
Total each column and enter on the front, subtotal line										

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.